TO:				DATE:		
AD30, BUILDING 4200 INFORMATION SERVICES DEPARTMENT						
ACTION: NEW ENTRY	☐ CHANGE OR CORRECTION	SOCIAL SECURITY NUMBER (SSN):				
NAME: (Last)	(First)	(MI)	(Preferred	Name)	Doctor (Check if applicable)	
OFFICE TELEPHONE NUMBER:	OFFICE/CONTRACTOR:		BUILDING NUMBER:	PERFORMING AC	CTIVITY CODE:	
FAX NUMBER: PAGER			R NUMBER:			
OFFICIAL USE ONLY						
MISCELLANEOUS:			ACTION	INITIALS	DATE	
TELEPHONE INFORMATION AND DIRECTORY LISTING DATA						
Your individual SSN is required to track and maintain telephone listings and locator records. This information will be treated pursuant to Public Law 93-579 (Privacy Act of 1974). Disclosure of your SSN is voluntary. However, we will be unable to keep your listing updated if you do not provide this information.						

MSFC Form 2683 (Rev. August 2001)

PDF